No. W 41193		Due no later than Jul 31, 2009		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			MARK D CASSON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SERAPHINE SOLUTIONS, LLC MARK D CASSON PO BOX 3495 HAILEY ID 83333		HAILEY ID	341 EASTRIDGE DR HAILEY ID 83333 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compar	nies: Enter Nai	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER MARK D CASSON		SSON	PO BOX 3495	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: M. D. Casson			Date: 08/09/2009			
W 41193		Name (type or print): M. D. Casson			Title: Member			
Processed 08/09/2009 * Electronically provided signatures are accepted as original signatures.								